

**CONFIDENTIAL**

Midwestern Division of Survey and Certification

**CMS**

CENTERS for MEDICARE & MEDICAID SERVICES

CMS Certification # 260141

October 22, 2012

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Mr. Jim Ross, Administrator  
University of Missouri Health Care  
One Hospital Drive  
Columbia, Missouri 65201

Dear Mr. Ross:

Section 1865 of the Social Security Act (the Act) and implementing regulations provide that a hospital accredited by the Joint Commission will be "deemed" to meet all the Medicare Conditions of Participation with the exception of utilization review. Section 1864 of the Act requires the Secretary of Health and Human Services to conduct a survey of an accredited hospital, which is participating in the Medicare program, if there is a substantial allegation of a serious deficiency or deficiencies which would, if found to be present, adversely affect the health and safety of patients. If, in the course of such a survey, surveyors find a hospital to have significant deficiencies with respect to compliance with the Conditions of Participation, we are required, following timely notification to the accrediting body, to place the hospital under Medicare State agency survey jurisdiction.

We have received a report of the deficiencies found by the Missouri State surveyors during the recent complaint survey of the hospital that ended on September 27, 2012. See the enclosed copy of the deficiencies. These deficiencies have been determined to be of such serious nature that University of Missouri Health Care is not in compliance with the following Condition of Participation:

**42 Code of Federal Regulations (CFR) 482.25, Pharmaceutical Services**

Consequently, we are removing the hospital's deemed status and placing the hospital under the survey jurisdiction of the Missouri survey agency. Following Federal procedures, surveyors from the state will shortly conduct a Medicare survey of the hospital to assess compliance with all Conditions of Participation. After the completion of that survey, we will request hospital staff to submit a plan with acceptable completion dates for correction of all its cited deficiencies. However, if hospital staff chooses to submit its plan to correct the enclosed deficiencies, include for each deficiency the following information:

1. The plan for correcting the specific deficiency. The plan should address the processes or failure of systems that led to the deficiency cited.

2. The procedure for implementing the acceptable plan of correction (POC) for the deficiency cited.
3. The monitoring procedure to ensure that the POC is effective and that the specific deficiency cited remains corrected and in compliance with regulations.
4. The title (not the name) of the person responsible for implementing the acceptable POC.
5. The date when the facility will be in full compliance.

The Administrator is to sign the document that includes the plan of correction. If hospital staff chooses to submit a plan of correction do so within ten calendar days of receipt of this letter. Send one copy to Lisa Rees in this office and another to Donya Lowrie at the Missouri survey agency.

This letter does not affect the hospital's accreditation, its Medicare payments, or its current status as a participating provider of hospital services in the Medicare program.

We are forwarding a copy of this letter to the Missouri State survey agency and your accrediting organization. Please contact either Lisa Rees or Jeri Jackson in our Kansas City office at 816-426-2011 if you have additional comments or concerns regarding this letter.

Sincerely,



Jennifer King, Branch Manager  
Non-Long Term Care Branch  
Kansas City Regional Office

Enclosure:  
CMS-2567

cc:  
SA  
JC